

Senate Bill No. 1403

CHAPTER 61

An act to amend Section 14132.88 of the Welfare and Institutions Code, relating to Medi-Cal.

[Approved by Governor July 7, 2006. Filed with
Secretary of State July 7, 2006.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1403, Scott. Medi-Cal: dental restoration documentation requirements.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Services and under which qualified low-income persons and other eligible persons are provided health care services.

Under existing law, specified dental services are included as covered benefits under the Medi-Cal program, subject to utilization controls.

Existing law requires the department to require, under specified circumstances, pretreatment radiograph documentation on posttreatment claims for dental restorations.

This bill would specify that, for any beneficiary who is under 4 years of age, or who, regardless of age, has a developmental disability, as defined, radiographs or photographs that indicate decay on any tooth surface shall be considered sufficient documentation to establish the medical necessity for treatment provided.

Existing law authorizes the department to implement the requirements for that documentation by means of a provider bulletin or similar instruction, without taking regulatory action.

This bill would, instead, require the department to implement those requirements by that means.

The people of the State of California do enact as follows:

SECTION 1. Section 14132.88 of the Welfare and Institutions Code is amended to read:

14132.88. (a) Notwithstanding subdivision (h) of Section 14132 and to the extent funds are made available in the annual Budget Act for this purpose, the following are covered benefits for beneficiaries 21 years of age or older under this chapter:

- (1) One dental prophylaxis cleaning per year.
- (2) One initial dental examination by a dentist.

(b) The following are covered benefits for beneficiaries under 21 years of age under this chapter:

(1) Two dental prophylaxis cleanings per year.

(2) Two periodic dental examinations per year.

(c) For persons 21 years of age or older, laboratory-processed crowns on posterior teeth are not a covered benefit except when a posterior tooth is necessary as an abutment for any fixed or removable prosthesis.

(d) Any prefabricated crown made from ADA-approved materials may be used on posterior teeth and may be reimbursed as a stainless steel crown.

(e) The department shall reduce the rate of subgingival curettage and root planing by 41 percent for all beneficiaries except those residing in a skilled nursing facility or an intermediate care facility for the developmentally disabled. Notwithstanding Section 14105 and Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement this subdivision by means of a provider bulletin or similar instruction, without taking regulatory action.

(f) (1) Except as provided in paragraph (2), the department shall require pretreatment radiograph documentation on posttreatment claims to establish the medical necessity for dental restorations. The pretreatment documentation required under this subdivision is intended to reduce fraudulent claims for unnecessary dental fillings. In order to avoid any undue barriers to accessing dental care, the department shall stipulate that the pretreatment radiograph documentation for posttreatment claims will be required only when there are four or more dental fillings being completed in any 12-month period.

(2) For any beneficiary who is under four years of age, or who, regardless of age, has a developmental disability, as defined in subdivision (a) of Section 4512, radiographs or photographs that indicate decay on any tooth surface shall be considered sufficient documentation to establish the medical necessity for treatment provided.

(3) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department shall implement this subdivision by means of a provider bulletin or similar instruction, without taking regulatory action.